

TRICARE For Life begins October 1

Keeping the promise . . .

TRICARE For Life (TFL) and TRICARE Plus are two important programs for senior beneficiaries set to begin Oct. 1 this year, 2001. With TRICARE For Life, TRICARE becomes the second payer to Medicare when beneficiaries are covered by Medicare Parts A and B.

The Fiscal Year 2001 National Defense Authorization Act established TRICARE For Life as a permanent program for Medicare-eligible beneficiaries. Because TFL is an entitlement program, it will not require annual authorization by Congress.

TRICARE For Life eligibles include individuals who are Medicare-eligible beneficiaries including retired guardsmen and reservists age 65 and over, Medicare-eligible family members and widows and widowers, and certain former spouses if eligible for TRICARE before age 65. TFL will cover most medical expenses without co-payments or a premium, with the only payment going for their enrollment in Medicare Part B – a requirement for TRICARE For Life participation.

TRICARE Plus is a primary care enrollment program that will be available to retirees at most military hospitals and clinics, with implementation at the discretion of the commander of each military treatment facility (details on page 2).

Who pays for what and how much

Type of Service	What Medicare Pays	What TRICARE Pays	What You Pay
Services payable by both Medicare and TRICARE	Medicare pays its authorized amount	TRICARE pays remaining out-of-pocket costs	Nothing
Services covered by Medicare but not TRICARE	Medicare pays its authorized amount	Nothing	Medicare co-pays
Services covered by TRICARE but not Medicare	Nothing	TRICARE pays its authorized amount	TRICARE cost share and annual deductible
Services not covered by Medicare or TRICARE	Nothing	Nothing	You are responsible for costs of all non-covered services

A detailed TRICARE For Life cost matrix is available at www.tricare.osd.mil/tfl



At Walter Reed Army Medical Center, Capt. Dimitri Cassimatis, MC, USA, is one of many doctors whose patients will include TRICARE For Life and Plus beneficiaries.

Other health insurance and TFL

For Medicare-eligible beneficiaries who have other health insurance after Oct. 1, 2001, such as employer health insurance or Medigap plans, in addition to Medicare and TRICARE, TRICARE will not automatically pay second to Medicare because TRICARE pays second to all other health insurance. With additional coverage, Medicare pays first, then the employer health insurance or Medigap plans pay their share, and then TRICARE ends up paying third. The decision to drop Medicare supplemental insurance is a personal decision. DoD suggests beneficiaries carefully evaluate their health insurance needs to determine if they should continue purchasing coverage.

Mailings in August

Letters were mailed to beneficiaries in the TRICARE Northeast Region in August by Sierra Military Health Services, Inc., the managed care support contractor for TRICARE Northeast. Enclosed in each letter are: a TRICARE For Life brochure that explains the expanded health care benefits, a Beneficiary Information update form on the beneficiaries' current and future plans for health insurance (to be returned in an enclosed envelope), a wallet-size information card for the beneficiary and their health care provider, and a health-care benefit comparison chart that illustrates how TRICARE will work as a second payer to

TRICARE For Life and Plus

continued from page 1

Medicare. Those who believe they may be eligible, but did not receive this mailing, should request it by calling 1-888-363-5433.

Musts for TFL benefits

Defense Enrollment Eligibility Reporting System (DEERS) information must be current to ensure continued eligibility for TFL. To update addresses, visit local personnel offices that have an ID card facility. The three nearest personnel offices and/or ID card facilities can be found at www.dmdc.osd.mil/rsl. Or, call Defense Manpower Data Center Support Office (DSO) telephone center at 1-800-538-9552. Or, submit information by fax to 1-831-655-8317. Or, mail to: DSO, Attn: TFL, 400 Gigling Road, Seaside, Calif. 93955-6771. Or, visit the TRICARE Web site at www.tricare.osd.mil and find "DEERS Address Change" on the pull-down menu. To update other information, visit an ID card facility, or mail or fax changes with appropriate documentation to the address/numbers provided above.

Enrollment in Medicare Part B is mandatory to receive health benefits with TFL. For more information about Medicare Part B, call 1-800-633-4227 (1-800-MEDICARE), or go to the Web site: www.medicare.gov.

TRICARE Plus

TRICARE Plus is a military treatment facility (MTF) primary care enrollment plan that will be phased in starting Oct. 1. It provides beneficiaries an alternative health care plan that is similar to Prime, but without the enrollment fee or requirement to lock in to an HMO-style health plan.

All TRICARE-eligible beneficiaries not on active duty or enrolled in TRICARE Prime, an HMO plan, or a Medicare+Choice plan, or who have otherwise established a primary care relationship with a medical provider, can enroll in TRICARE Plus. Plus is similar to Prime because a beneficiary can enroll for care by a primary care provider in an MTF and receive care under the same access standards.

If specialty care is required, the primary care manager (PCM) can refer the Plus beneficiary to a specialist in the MTF, if one is available. If one is not available, or if the Plus enrollee would rather receive care from a specialist outside of the MTF and of their own choosing, they are responsible for meeting the payments under the Standard or Extra payment policies.

The implementation of TRICARE Plus is at the discretion of each MTF commander. The MTF commander is responsible for determining how many TRICARE Plus enrollees can be accommodated at that MTF without exceeding the primary care capacity of the facility. Generally, only the beneficiaries who live within

the catchment area of an MTF will be eligible for enrollment in TRICARE Plus. Catchment areas are defined as 40 miles from an inpatient MTF or 20 miles from a clinic or ambulatory care center. Applicants outside the catchment area can be enrolled in an MTF outside the catchment area if they can prove they have an on-going relationship with a primary care provider at that MTF.

TRICARE Plus is not portable to other MTFs. Once a beneficiary disenrolls from Plus, he or she must reapply at a new MTF without guarantee of admission under a program other than space available. Any beneficiary over 65 who has purchased Medicare Plan B and has enrolled in TRICARE For Life and Plus can see a specialist of their choice and have TRICARE pay for the secondary payments left after Medicare has met its obligation.

For more information about TRICARE Plus, or any TRICARE enrollment program, call 1-888-363-5433 toll free, or visit the TRICARE office at your nearest military treatment facility. Details are also available at the Web site of Sierra Military Health Services at www.sierramilitary.com/, or the Web site of the TRICARE Northeast Lead Agent at <http://tricare-northeast.detrack.army.mil/>.

TRICARE Senior Prime to end

Over the last several years, TRICARE Senior Prime was one of several test programs utilized by DoD to evaluate our ability to provide health care services to beneficiaries over the age of 65. The Northeast Region Senior Prime site is 436th Medical Group at Dover Air Force Base, Del. With direction from the FY 2001 National Defense Authorization Act, TRICARE for Life is the plan that DoD will implement to meet this need. As such, the TRICARE Senior Prime program will end December 31, 2001.

Current enrollees may remain enrolled until Dec. 31, 2001, and will receive a letter that describes their rights and health care options for 2002. Current TRICARE Senior Prime enrollees may continue to utilize the military health care system through the TRICARE for Life program or the TRICARE Plus program.

The Pulse of TRICARE Northeast

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The TRICARE Northeast Pulse is an official quarterly publication of the DoD TRICARE Northeast Lead Agent Office. Its purpose is to inform the uniformed services medical beneficiaries, the health care community of providers, and the uniformed services about policies and newsworthy items of interest as the concept of managed health care is applied in the Department of Defense TRICARE regional program. Comments or proposed material should be submitted to:

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From the Lead Agent

Maj. Gen. Harold L. Timboe, MC, USA

At the end of this summer, we begin an important new phase in advancing the performance of TRICARE, our military health plan. Many of these initiatives are covered in other articles in this issue of *The Pulse*. Perhaps the most far-reaching is TRICARE For Life (TFL), which begins Oct. 1. Just as with the TRICARE Senior Pharmacy program, we expect claims payment to go very smoothly for our Medicare-eligible military retirees in TFL. Another important opportunity that begins Oct. 1 is TRICARE Plus, which allows non-Prime patients to enroll, without cost, in a military clinic to receive the same standard of access and commitment for primary care that our Prime patients have come to rely on. We expect most of our Special Provision Program (SPP) patients and others enrolled in special programs for seniors to roll into TRICARE Plus—and encourage your eligible friends and neighbors to take advantage of this better primary care arrangement as well.

In June we held a regional meeting for leaders and managers at all levels with approximately 300 attending from military facilities throughout the region and Sierra Military Health Services, Inc., our military health care support contractor. We covered the status of many of the new initiatives, while reinforcing the standards we expect as they meet patients' needs—especially access and customer service standards. We are committed to improving our performance in ease of making appointments and in our process for making a specialty care referral. At the national level, claims processing and simplification, while much improved, is still getting much of our attention for even better improvement.

A growing part of our capability to serve you continues to be new information technology projects. The National Enrollment



Maj. Gen. Harold L. Timboe

Data base (NED) was successfully implemented in July, and the end of August finally brings together in one system the three separate Army, Navy, and Air Force health systems in the National Capital Area. Later in the fall brings Web-based primary care appointing and digital radiology at many of our hospitals and clinics.

While technology is a key enabler, we recognize that a doctor-patient relationship is at the core of health care. Your doctor is your partner in health—someone who understands you and your needs and with whom you can communicate easily and effectively with all the information needed to bring quality care to your life. Providing that partner-in-health with you is what TRICARE is doing for more and more people throughout our region.

I am proud to serve with the TRICARE Northeast health care team.

In the service to military medicine,

HAROLD L. TIMBOE
Major General, U.S. Army
Region 1 Lead Agent

TRICARE Definitions

Beneficiary Counseling Assistance Coordinator (BCAC), previously known as the Health Benefits Advisor, is an advocate for the beneficiary who will help resolve any concerns beneficiaries may have about their health care coverage. If you have questions about enrollment, non-availability statements, benefit interpretation, medical debt collection, or anything else related to your TRICARE health care coverage, the BCAC is the person to talk with. The Debt Collection Assistance Officer position is now included with the BCAC position.

Enrollment portability allows a TRICARE Prime enrollee to transfer health care coverage to another region. Transferring the coverage after arrival at the destination station ensures your coverage during the change-of-station move. You should not disenroll from TRICARE Prime prior to arrival at your new duty station or home.

TRICARE Authorized Provider is any hospital, institution, physician, or health care professional who meets the licensing and certification requirements of TRICARE and is practicing within the scope of that license. To avoid claims problems, the TRICARE beneficiary must use authorized providers.



Partner's Page

Medical management at Sierra Military Health Services, Inc.

By Kathryn S. Buchta, MD, MS, CPE, Vice President, Medical Management, and Susan Mechlinski, RN, MS, Vice President, Health Services

In this issue --

The Right Care, The Right Time, and The Right Place. The Right Provider and The Right Patient will be covered in the next issue.

"Effective" medical management is defined as delivery of the right care at the right time at the right place by the right provider to the right patient. Sierra Military Health Services, Inc. (SMHS) has invested great effort and resources in developing sound practices to ensure that patients receive timely, appropriate, and cost-effective care.

The Right Care: Studies conducted by the RAND Corporation concluded that as much as one-third of medical care provided to patients may be unnecessary or contribute little to improve health.¹ The TRICARE Management Activity has carefully developed a very rich TRICARE benefit to include those medical interventions that contribute to the health and wellness of beneficiaries. In order to evaluate the results of medical interventions to determine the "best" or most effective treatment for various conditions, SMHS uses the Health Information Gateway® (HIG). Developed by MedCom, Inc., HIG is a customized, Web-based data warehouse that translates enormous volumes of data into useful, timely information.

The data helps SMHS "see" how healthcare services are being delivered to the population and is then used as a source of provider training with the goal of positively impacting and promoting optimal patient care. This information also helps SMHS' medical directors determine which sub-population of beneficiaries would benefit from direct health-empowerment information so these patients can intervene in the natural history of their disease processes before catastrophic events occur.

The Right Time: For appropriate medical interventions to be effective, they must be delivered at the right time in the

course of illness. When the referral for care is made by any one of almost 50,000 providers in 11 states, a system that can quickly gather and process these referrals is vital to beneficiary care primarily and expeditious claim payment secondarily. To address this need, SMHS developed an intranet-based application called "ATC-II" which acts as an "air-traffic controller" for incoming military facility and civilian provider requests.

ATC-II enables SMHS to perform the critical functions of case management, utilization review, and referral and authorization functions across 22 military treatment facilities.

The Right Place: Medical care must be delivered at a location that offers the necessary expertise while maintaining convenient accessibility for the patient. Locations can vary from the convenience of home to the most sophisticated tertiary care facility. With over 50,000 civilian providers

and over 300 hospitals including the various military treatment facilities and providers in our 13-state region, local knowledge as well as familiarity with regional expertise is absolutely critical for successful coordination of beneficiary care.

SMHS has developed a "Continuum of Care" model whereby registered nurse health coordinators (RNs), administrative managers, and provider network specialists throughout the region become familiar with the assets of their local medical community. ATC-II "directs" referrals for care to those RNs, located in TRICARE Service Centers and military treatment facilities in the locality who are most familiar with the medical assets of the community. The RNs then take "ownership" of the care of the beneficiary from the initial referral through the entire episode of care — to include hospitalization, discharge planning and continuing follow-up therapies, as needed.

At the same time, the RN becomes familiar with the individual patient needs and desires and can better personalize the care for each patient, within the parameters of the TRICARE benefit, including recommending patients for case management, Program for Persons with Disability, or other programs tailored to specific patient needs.



Susan Mechlinski (left) and Dr. Kathryn S. Buchta

¹ Brook, R., et al, *Appropriateness of Acute Medical Care for the Elderly: An Analysis of the Literature*. Santa Monica, Calif: RAND Corporation, 1989.

One consolidated records system now serves National Capital Area

The medical record lay on the counter between the record technician and the patient. The patient had a fleeting thought to grab the record and make a run for the door. The technician would never have a chance to stop him. The technician rambled on and on, "Property of the government . . . hospital policies on maintaining patient medical records . . ."

Numerous military beneficiaries hand carry their medical records because it has been an acceptable practice in the past. With the consolidation of three huge computer systems that serve the National Capital Area military treatment facilities into one single, comprehensive CHCS, your records will be available when and where they are needed. Significant changes have been made to the computer system that houses your medical records if your MTF is in the NCA system.

Three systems now one

The consolidation of three huge CHCS databases, begun in July 2000 and completed over Labor Day weekend, 2001, makes it possible for your NCA health care providers in the military system to have access to patient information from any of the 44 health care delivery locations. Some 20,000 CHCS users include clinical care providers, ancillary support staff, administrative staff, and the managed care support contractor.

As extra insurance, access to historical patient information will be through the Transportable Computer-based Patient Record, which allows providers to view data from the three local hosts. The information on the three local CHCSs will be available as read-only for up to one year.

Combined effort

Organizations involved in the consolidation project and follow-up are the Clinical Integrated Program Office (CITPO) of the TRICARE Management Activity, TRICARE Northeast Office of the Lead Agent; Science Applications International Corporation (SAIC); TRI-Service Infrastructure Program Management Office (TIMPO); Sierra Military Health Services, Inc.; and the Naval Medical Information Center (NMIC).

"CHCS consolidation in the NCA was a huge success," said Lt. Col. Jaime Parent, USAF, Deputy Director, TRICARE Northeast Information Management. "A lot of hard-working people came together, executed our deployment plan, and brought a new and improved system for our patients and staff."

Despite a power outage that Walter Reed Army Medical Center experienced during the early part of the overall transition, the project moved forward on time and under cost, he



The host computers of the newly integrated CHCS for the National Capital Area (above) are housed at the National Naval Medical Center, Bethesda, Md. Cmdr. Kathleen Charters, CHCS Consolidation Project Officer (left), and Lt. Col. Jaime Parent, Deputy Director, TRICARE Northeast Information Management, were instrumental in the consolidation project.

said. "The commitment of the NCA made this happen," said Parent. "Our region has a lot to be proud of."

NED, CHCS, DEERS

In the weeks preceding the CHCS consolidation, the National Enrollment Database (or NED) became active. NED is the military's new database containing all TRICARE enrollment information, such as health care delivery programs, civilian primary care providers, and the fee payment history of each beneficiary generated at all levels within the DoD regardless of location. NED data will be carried over into the consolidated CHCS along with records in the Defense Enrollment Eligibility Reporting System (DEERS). It is important that beneficiaries keep their DEERS information up to date. See page 2 of this issue for details on updates or changes to DEERS.

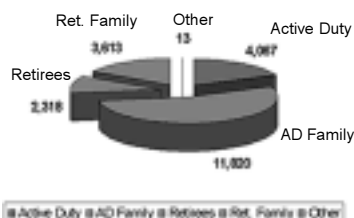
Spotlight: DeWitt Army Community Hospital

Fort Belvoir, Virginia



DeWitt Army Community Hospital, Fort Belvoir, Va.

DeWitt Patient Enrollment



Col. Eileen Malone, USA,
Commander, DACH

"To provide our beneficiaries ready access to the appropriate level of quality, comprehensive medical care while maintaining and improving individual and collective readiness in support of national security objectives and continue to support medical education and clinical research."

Community Hospital

DeWitt Army Community Hospital is the central facility in a comprehensive health care system serving military families residing in Northern Virginia. The DeWitt Health Care Network (DHCN) is wellness-oriented, patient-focused, and serves 140,000 beneficiaries representing all of the uniformed services.

In addition to the hospital, DeWitt operates four community-based primary care clinics called Family Health Centers. These clinics expand access to medical care at no cost to eligible beneficiaries. Each family Health Center offers routine and acute care on an appointment basis. Radiology, laboratory, immunization and pharmacy services are also available at each clinic. Patients are asked to register with a Family Health Center, and to use their designated clinic as their access point when medical care is required.



The DHCN is a partner in the greater Walter Reed Health Care System (WRHCS), which integrates the services provided by Walter Reed Army Medical System, Kimbrough Ambulatory Care center, and DeWitt Army Community Hospital. The WRHCS offers enhanced patient flow through the various levels of medical care by eliminating some of the traditional obstacles to access.

Virtual Nursery

Delivering babies is one of the DeWitt Health Care System's specialties. DeWitt serves a population of about 25,000 women

between the ages of 18-25 in the 40-mile catchment area surrounding the hospital. With the advent of TRICARE, beneficiaries have more health care choices. DeWitt's goal is to be their number one choice when it comes to choosing where to deliver. One thing DeWitt has done to create its niche in the newborn market is to offer new moms and dads the option of displaying their newborn in a virtual nursery.

The virtual nursery is located on the DeWitt Web site where pictures of newborns are posted for friends and family to see, whether they live in the next state or across the world. Sharing the birth of a baby with family members is not easy if you are on active duty or are a family member stationed hundreds or thousands of miles from home. But the staff of the Mother/Baby Unit is working with their Webmaster to make sharing the experience easier. At the click of a mouse, DeWitt's virtual nursery brings photographs of a newborn into the home of families and friends who have long awaited their arrival.

If the parents consent to having their newborn's picture placed in the virtual nursery, a birth announcement and link to the nursery will be sent via email to family and friends. At the site, they can click on either boy or girl and search by first name to find the newborn. When they click on the newborn's name, a picture along with the date of birth, weight, and length will be displayed. You can access the site at www.dewitt.wramc.amedd.army.mil by choosing "virtual nursery."



Summer brings command changes to some Northeast Region facilities



Naval Medical Clinic Annapolis

Capt. John E. Shore, MSC, USN, (center) comes aboard as Commander of the Naval Medical Clinic Annapolis. Outgoing commander is Capt. Kathleen Morrison, MSC, USN.



305th Medical Group Ambulatory Health Care Clinic, McGuire AFB

Brig. Gen. Richard A. Mentemeyer, Commander, 305th Air Mobility Wing, McGuire AFB, N.J., passes the flag of command to Col. Pamela Reidy, USAF, NC, as she assumes command of 305th Medical Group at McGuire AFB, N.J. Outgoing commander is Col. Penny Giovanetti, USAF, MC.



Kirk US Army Clinic Aberdeen Proving Ground

Lt. Col. David Krieger, MC, USA, is the new commander of Kirk US Army Health Clinic at Aberdeen Proving Ground, Md. Outgoing commander is Col. Walter Egerton, MC, USA.



Guthrie Army Health Clinic, Fort Drum, N.Y.

Col. Jeannette James, NA, USA, became the new commander of Guthrie Army Health Clinic in a ceremony Sept. 4.

66th Medical Group Hanscom AFB

Col. P. Timothy Ray, USAF, BSC, is the new commander of the 66th Medical Group at Hanscom Air Force Base, Mass. Col. Charles Armstead, USAF, MSC, is the outgoing commander.



Naval Health Care New England

Participants in the recent change of command at NHCNE are (left to right) Capt. Gregory H. Adkisson, MC, USN (outgoing commander, NHCNE); Capt. Ruth A. Cooper, USN, Commanding Officer, Naval Station Newport; Capt. Francis R. MacMahon, MC, USN (incoming commander, NHCNE), at the ceremony at Naval Station Newport, R.I.

TRICARE Northeast gets new executive director

The DoD TRICARE Northeast Office of the Lead Agent got a new executive director during a ceremony May 25 in the Walter Reed Army Medical Center Conference Center. Navy Capt. John E. Shore, MSC, outgoing director, passed the flag to Maj. Gen. Harold L. Timboe, MC, USA, TRICARE Northeast Lead Agent, who passed it to incoming director USAF Col. Steven L. Cardenas, MSC. The tri-service Office of the Lead Agent coordinates and monitors the delivery of health care for 13 states and the District of Columbia, serving more than 1.2 million eligible beneficiaries throughout the Northeast Region.

Shore served as Executive Director of the TRICARE Northeast Lead Agent Office since October 1999. His present assignment is commander, Naval Medical Clinic Annapolis.

Cardenas comes to the directorship from Office of the Air Force Surgeon General where he was Director of Staff and Executive Officer. He is a member of the Medical Service Corps and a Fellow of the American College of Health Care Executives. Other positions Cardenas has held within the DoD include: Deputy Command Administrator,



Maj. Gen. Harold L. Timboe (right), TRICARE lead agent for the Northeast Region, and commander of Walter Reed Army Medical Center, hands the TRICARE Northeast Office of the Lead Agent flag to its new executive director, Air Force Col. Steven L. Cardenas.

HQ Air Education and Training Command; Deputy Executive Director, TRICARE Region VI; Chief, Special Assignments Branch, USAF Personnel Center; Hospital Administrator, Medical Support Squadron; Commander, Altus AFB; Senior Managed Care Fellowship, Humana Inc.; Director of Medical Resource Management, Wiesbaden Medical Center; Director of Medical

Resource Management and Director of Managed Care, Tyndall AFB; Chief, Health Professions Recruiting Group, Mather AFB; Chief, Health Professions Recruiting Branch, Arlington, Texas; and Director of Patient Administration, Reese AFB.

Before entering the Air Force, Cardenas was the business manager for a clinical laboratory and a department head for a Kaiser hospital in southern California. He received a direct commission in the US Air Force Medical Service Corps in January 1981.

The son of an Army Medical Service Corps officer, Cardenas was born in Verdun, France, and graduated from Fort Campbell High School, Ky. He received his bachelor's and master's degrees in business administration with a concentration in Health Services Management.

His personal awards include the Defense Meritorious Service Medal, the Meritorious Service Medal with four oak leaf clusters, the Air Force Commendation Medal with two oak leaf clusters, the Joint Service Achievement Medal, and the Air Force Achievement Medal.

Primary Care Manager By Name provides continuity of care to TRICARE Prime beneficiaries

The Primary Care Manager By Name program is designed to assign TRICARE Prime beneficiaries a specific primary care manager (PCM) who will provide primary oversight and continuity of health care and ensure the level of care provided is of the highest quality. The relationship developed between patients and their PCM is the basis for successful prevention-oriented, coordinated health care and chronic care management.

The program will provide a manager, who can be a physician, physician assistant, nurse practitioner, or a nurse midwife, to be the beneficiary's first point-of-contact in the health care system.

This past spring the TRICARE Northeast Region Lead Agent's Office mailed a total of 600,000 letters to active duty members, retirees and their families, giving them the name of the new doctor, nurse practitioner, or physician assistant who will be their new primary medical care provider.

Beneficiaries can request a PCM change at any time, keeping in mind that assignment policies and medical needs of the beneficiary will also weigh in the final determination of provider assignment.

For more information on PCM By Name, contact your local TRICARE Service Center or visit the official TRICARE Northeast Web site at www.tricare-northeast.detrack.army.mil.

'Heart Smart' is focus at Fort Myer's Rader Clinic

As part of the Outcomes Management Initiative (OMI) program of the Walter Reed Health Care System, Rader U.S. Army Health Clinic at Fort Myer, Va., will focus on cardiovascular risk reduction.

This program is aimed at helping those who have increased risk of cardiovascular disease. A nurse practitioner will work closely with patients and their primary care managers to reduce and eliminate risks and decrease the incidence of cardiovascular disease.

The OMI program, the goal of which is to enhance the health of beneficiaries, has been developed by the Walter Reed Health Care System to look at eight diseases: breast cancer, cardiovascular risk reduction, childhood asthma, chronic obstructive pulmonary disease, congestive heart failure, diabetes, hepatitis, and stroke.

Call Julie Harris at 703 696-3440, Primary Care Clinic 140, Rader Clinic, Fort Myer, for more information on cardiovascular risk reduction.

For more information on the overall OMI program, call 703 805-0301 and view the Web site at www.wramc.army.mil/wrhcs/Outcomes.

TRICARE beneficiaries urged to save receipts

TRICARE officials remind all beneficiaries that some of the programs called for in the National Defense Authorization Act will begin Oct. 1, 2001, but some programs are scheduled to be phased in over time. For this reason, beneficiaries are advised to save all receipts and other information related to claims for all services and benefits received since Oct. 30, 2000, until notification has been received that all programs have been put into practice.

One such program is the reduction of the catastrophic cap from \$7,500 to \$3,000 and coverage for school-required physicals for dependents under age 11. Keep in mind that physicals required to play sports are not a covered benefit.

Having documentation available will ease the reimbursement process from the health services contractor, Sierra Military Health Services, Inc.

Information on the latest TRICARE benefits and when they take effect can be found on the TRICARE Web site at www.tricare.osd.mil. Also, you can contact Sierra Military Health Services at your nearest TRICARE Service Center or talk with a Beneficiary Counseling and Assistance Coordinator at a military treatment facility.

New McGuire Ambulatory Health Care Center opens

This past April 30, after three years of construction, McGuire Air Force Base, N.J., opened the doors for patient care at the new Ambulatory Health Care Center (AHCC). During opening ceremonies for the 160,000 square-foot building, Brig. Gen. Richard Mentemeyer, 305th Air Mobility Wing commander, Col. Penny Giovanetti, 305th Medical Group commander, and New Jersey Congressman Jim Saxton met for the ribbon-cutting ceremony.

The new clinic, located behind the base exchange on Fort Dix, was designed with the patients and health care providers in mind as the primary customers.

The state-of-the-art facility includes the latest in high-tech medical equipment and a better working environment for patient and provider alike. A new



New state-of-the-art Ambulatory Health Care Center opens at McGuire Air Force Base, N.J.

clinic resident is the consolidated TRICARE Service Center that allows claims and enrollment issues to be handled on-site instead of having issues handled between Walston and the downtown clinic.

In addition to the TSC on site, some of the newest changes to the medical facility include an automated appointment service and pharmacy, and digital radiology system.

Referral Management Office provides individual services to beneficiaries at Naval Ambulatory Care Center Groton

NACC Groton recently opened a Referral Management Office to better assist beneficiaries in obtaining appointments for their specialty referrals, and to ensure receipt of patient information from the consulted network providers. In an effort to eliminate potential confusion that is inherent when using any managed care system, and to reduce claims issues, this office follows the referral process from start to finish. It is staffed by NACC's Utilization Management nurse and two Health Benefits Advisors, who provide referral and health benefits education to beneficiaries prior to their leaving the MTF.

Major areas of responsibility for the referral management staff are to ensure that referrals contain the necessary components for ease of appointing, obtaining authorization when required, and educating the beneficiaries on the proper procedure for making specialty appointments through the Managed Care Support Contractor's representatives.

Elise Roy, NACC Groton (right), reviews a referral with beneficiaries in the newly established Referral Management Office at the Primary Care Clinic.

Another important function of the office is to ensure Primary Care Managers (PCMs) receive feedback from the consulted provider to allow for greater continuity of care. This guidance, review, and follow-up of referrals are expected to reduce claims problems and significantly improve receipt of referral results from network providers.

Although this office has only been in operation for a short period of time (Aug. 15), the beneficiaries seem to appreciate the individualized instructions



they are receiving from the staff and appear willing to do their part to facilitate better access to their health care needs, according to the Groton NACC utilization management coordinator.

MRI suite at DeWitt adds critical diagnostic resource



DeWitt Army Community Hospital unveils community-based MRI.

DeWitt Army Community Hospital at Fort Belvoir, Va., has taken a three-dimensional step forward in diagnosing its patients. It is now able to administer Magnetic Resonance Imaging exams.

On Sept. 2, Maj. Gen. Harold Timboe, TRICARE Northeast Lead Agent and Commander, North Atlantic Regional Medical Command, cut the ceremonial ribbon in DeWitt's MRI suite. Timboe noted at the ribbon cutting that bringing the MRI technology to DeWitt is in keeping with the belief that medical care should be brought to the community, rather than requiring the community to go to the medical care.

Radiologist Maj. Craig Jonas, MC, USA, refers to this addition as a "community-based MRI," saying it helps bring a world-class standard of care to the large patient base in the

community. As DeWitt continues to add specialty care, such as orthopedics, it will find an even greater need for the MRI diagnosis. Imaging tests, like the MRI, are critical diagnostic tools for physicians. Pictures of almost any part of the body can be obtained at almost any angle.

DeWitt uses a "short-bore" MRI system that is wider and shorter than earlier generations and, because it does not fully enclose the patient, is better suited to people prone to claustrophobia.

Having a community-based MRI follows the current TRICARE philosophy of full care for all eligible patients. The projection is that there will soon be at least 200 MRI exams a month, with a conservative estimate of 3,200 per year.

Maj. Gen. Harold L. Timboe, TRICARE Northeast Lead Agent, and Thomas Carrato, executive director of TRICARE Management Activity, go over upcoming changes in TRICARE.



TRICARE Northeast Region conference focuses on change

Changes in benefits, such as the addition of TRICARE For Life due in October this year, were a major subject at the TRICARE Northeast Region and North Atlantic Regional Medical Command Primary Care Conference. The conference was June 25-28 in Washington. Some 320 attendees filled breakout sessions to discuss such subjects as best practices around the region, population health, TRICARE Prime Remote for family members, and outcomes management.

TRICARE Management Activity Executive Director Thomas Carrato, NARMC commander and TRICARE Northeast Region Lead Agent Maj. Gen. Harold L. Timboe, and President of Sierra Military Health Services David Nelson addressed the plenary session on the state of TRICARE. They discussed patient-focused care and upcoming implementation of changes in TRICARE benefits as a result of the National Defense Authorization Act.

Son of Guthrie Clinic sergeant models for winning poster

The baby of a former TRICARE provider at Guthrie Ambulatory Health Care Clinic, Fort Drum, N.Y., was instrumental in the Samaritan Medical Center of Watertown, N.Y., receiving the National Gold Award for Healthcare Marketing. The award was presented for a poster intended to increase awareness about sudden infant death syndrome (SIDS). The poster shows an infant boy being held by someone who could be a grandfather. The poster was designed as a reminder that grandparents and other people involved in the life of an infant play a part in a baby's safe and loving life.

The child in the poster is the 3-month-old son of Sgt. Lynessa Betts, who has since transferred from Guthrie Clinic to Tripler Army Medical Center. The "grandfather" is retired Department of Defense, Fort Drum, employee, William "Buster" Crabbe.



Face Your Love

Northeast Region's Heroes of TRICARE among recipients of TMA's Mega Salute

Fleet liaison and health benefits advisers at Naval Ambulatory Care Center, Groton, Conn., and the Director of Beneficiary Services at TRICARE Northeast Lead Agent Office in Washington, DC, were selected by TRICARE Management Activity to receive the Heroes of TRICARE Mega Salute for the first year of the awards program.

At NACC Groton, Fleet Liaison HM2 Troy Haynes; and Health Benefits Advisers HM2 Phillip Rodriguez, Bruce Miller, Victoria Rosich, and Donna Tremblay serve more than 3,000 afloat sailors and 6,000 active duty members and their families stationed in the Groton area. In addition, they assist the 1,200 ashore sailors attending the Naval Submarine School with access to care issues.

As Director of Beneficiary Services for TRICARE Northeast, Cmdr. Thea Bratton, USN, TRICARE Northeast Office of the Lead Agent, was instrumental in the success of the region's Debt Collection Assistance Officer program.



Cmdr. Thea Bratton, USN, Director of Beneficiary Services, TRICARE Northeast Lead Agent Office



NACC Groton team members (back row, l to r) Bruce Miller, Health Benefits Advisor; HM2 Troy Haynes, Fleet Liaison; and (front row l to r) Donna Tremblay, Victoria Rosich, Health Benefits Advisors

Rader Clinic: eHealth test site

Rader Clinic, Fort Myer, Va., is the Army test site for the Department of Defense's new "eHealth portal." This Web site will allow all eligible beneficiaries of the military health treatment system to access valuable health information. In the near future you will be able to make routine and routine follow-up appointments on the Web with your Primary Care Provider at Rader Clinic. The eHealth portal can be found at www.tricareonline.com. If you are a patient at Rader Clinic, be sure to visit the site and register.

Rader Clinic patients can also request medicine prescriptions on the clinic's Web site Renewal Page and search the drug Formulary page to check if that prescription is carried by any of the pharmacies in the Walter Reed Healthcare System.

Northeast Region service academies in-process new TRICARE members

‘Class
of
2005’



“Swab Summer” at the Coast Guard Academy begins with the clinic visit. A “swab” receives a dental check (above), and “swabs” stay cool while waiting in the clinic hall (right).



Physicals, immunizations, dental work, and briefings on their new memberships in TRICARE are all part of early summer in-processing for the three uniformed services academies in the TRICARE Northeast Region.

“All new USMA cadets were required to attend a health care briefing on July 7,” said Capt. Eric Schmacker, United States Military Academy, West Point, N.Y. This included enrollment into TRICARE and personal hygiene classes.

Sierra Military Health Services representatives enrolled them, said Schmacker. They were briefed on how to access care and schedule urgent, routine, and wellness appointments.

The young men and women of the Class of 2005 number 1,148 at the US Military Academy, West Point, NY; 1,260 at the United States Naval Academy, Annapolis, Md.; and 285 at the US Coast Guard Academy, New London, Conn.



“Plebes” get blood pressure check and the needle at the US Naval Academy, Annapolis (above and right).



At the US Military Academy, West Point, it's shot time in the clinic.



USMA West Point “plebe” practices the salute outside Washington Hall preparing for R-Day oath-taking.